

## Register at Gardner City Hall or online at gardnerkansas.gov

Gardner Parks and Recreation Registration Form						
Participant's Name:	DOB:	Age:				
Parent's Name: (If applicable)	Phone:	Work:				
Uniform Size: YXS (4-6) YS (6-8)YM (10-12)	Age as of August 1, 2018:					
Please Select Current Grade: K-Under (Must be age 4 by Aug. 1	1, 2018) 1st Grade					
Address: City:	State:	Zip:				
Email:	Yes, please keep me informed via email regarding upcoming programs. For information regarding our privacy policy in terms of use visit www.gardnerkansas.gov.					
Payment Type:						
Cash Check/Money Order Credit Card: MasterCard Visa		_				
Credit Card Number:	Exp. Date:	_ CVC #:				
Checks and Money Orders may be made payable to: Gardner Parks and Recreation						
<b>Note:</b> Please keep a record of the dates and times of the pro Enrollment may also be completed online at www.gardnerka	•					

LIABILITY RELEASE: I, as a participant or legal guardian representing a minor participant agree to release the City of Gardner, its officers, employees and volunteers, from an and all liability for accidents, injuries, loss of and/or damage to my/our person or property that may arise out of my/our participation in/and our presence at the above activity(s). I/we understand the risks and possible dangers of participating in these activity(s). Also, I/we authorize the Gardner Parks and Recreation Department to use at its discretion any photograph(s) (black/white or color) taken of the participant while participating in the program and waive any and all claims that the participant or the undersigned or their heirs, executors, administrators, or assigns may have or claim to have resulting from such photograph(s) or reproductions thereof. I have entered into this agreement of my own free will.



Gardner Parks and Recreation 120 E. Main St. Gardner, KS 66030 P: 913-856-0936 F: 913-856-0970

I have read an	nd understand	the liability i	release and
refund policy.	Registration in	nvalid withou	ıt signature.

Signature: \_\_\_\_\_ Date: \_\_\_\_



## **Volunteer Coach Application**

Head Coaches ONLY

Application Deadline: November 9, 2018

## Little Baller's Basketball Program

Name		Home Phone		Work Phone_		
Address						
Street	City		State	)	Zip	
E-mail		-				
Do you have c	children registered in the activit	y you're applying for?		Yes	No	
If your answer i	is yes, please list your children:					
Have you prev	iously coached a Gardner Par	ks and Recreation team	uš	Yes	No	
If your answer i	s yes, when was the last year y	ou coached?				
List the team a	nd age group you last coache	ed:				
•	received training through outh Sports Coaches Association	on (NYSCA)?		Yes	No	
Have you recei	ived any other type of coache	es training within the last	three years?	Yes	No	
If your answer i	is yes, please describe:					
	ific team you are requesting to					
Or, please sele	ect the age group you wish to a	coach for:				
	K-Under					
	_1st Grade					
The primary concern and responsibility of the Parks and Recreation Department is the safety of the children. If you are selected as a head coach, you will be put through a background check from a company called <b>Protect Youth Sports</b> . The results of this check are sent to and will only be seen by the Human Resources Department. <b>No one</b> from Parks and Recreation will see the results. Gardner Parks and Recreation will follow the National Parks and Recreation Association's guidelines for credentialing volunteers. This document can be found on our website at www.gardnerkansas.gov. Failure to pass the background check will eliminate an individual from being a head coach for our Department. Questions? Call 913-856-0936.						
"Office Use Only"						
	Received By: Date	Received:	Time Receive	d:		